

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529395

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	<del>1</del>	<del></del>	<del>1</del>	<del></del>		
5	<del>1</del>	<del></del>	<del>1</del>	<del></del>		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10		2		2		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		2		2		
18		1		1		
19		1		1		
20		2		2		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	39	←	44	←		←
TOTAL CLAIMS	43		48			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						